

PART B - ISSUE FEE TRANSMITTAL

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FREE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. See reverse for Certificate of Mailing.

1. CORRESPONDENCE ADDRESS

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2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)

INVENTOR'S NAME
Street Address
City, State and ZIP Code
Box 3267
JUN 05 1996
DT
☐ Check if additional changes are on reverse side

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS (EST)	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/385,067	02/07/95	012	RAMIREZ, A. M.	05/10/96
First Named Applicant	TOMPKINS, MICHAEL E.			

TITLE OF INVENTION

A MICROCOMPUTER SPA CONTROL SYSTEM

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
1461-00205	264-505	000	012	YES	\$25.00	08/12/96

3. Correspondence address change (Complete only if there is a change)

4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.

1. Chamberlin, Hrdlicka, White Williams & Marti
2.
3.

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (Print only if assigned)

(1) NAME OF ASSIGNEE:

(2) ADDRESS (CITY & STATE OR COUNTRY)

Houston, Texas

6a. The following fees are enclosed:

XX Issue Fee XX Advance Order # of Copies 10

6b. The following fees should be charged for this fee:

DEPOSIT ACCOUNT NUMBER 03-2769

(ENCLOSE PART C)

☐ Issue Fee ☐ Advance Order # of CopiesXX ☐ Any Deficiencies in Enclosed Fees

The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

(Date)

NOTE: The Issue Fee will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

TRANSMIT THIS FORM WITH FEE-CERTIFICATE OF MAILING ON REVERSE